



TRAVEL EXPENSE VOUCHER

Name of Claimant: _____, Employee # _____ Trip No: _____

City of Residence / Zip Code: _____ Date: _____

Full Business Address: _____

I. ITINERARY: Show major modes of transportation (i.e., Air, Train) to each official business point. If private auto or rental car is the main mode, include here. Check the [] column for personal dates/cities.

Date	Time	Mode	[]	Date	Time	Mode	[]
LV				LV			
AR				AR			
LV				LV			
AR				AR			
LV				LV			
AR				AR			
LV				LV			
AR				AR			
LV				LV			
AR				AR			
LV				LV			
AR				AR			

If personal dates are included, indicate hour official business began and ended at each official city:

II. TRAVEL EXPENSES:

1) GROUND TRANSPORTATION

(Taxis, buses, limos. Receipts may be required per RPM.)

Mode	Date	From	To	Amount	Receipt No.

2) AIR (Attach required receipts)

3) LODGING (Attach required receipts)

Arrive	Depart	Nights	Rate	Amount

Official Telephone Calls:

4) RENTAL CAR (Attach required receipts)

Official Mileage Persnl Mileage Amount

Gasoline:

5) PRIVATE AUTO (Mileage @ 34.5 cents per mile)

Indicate in Column [O/C] if mileage is from Odometer or Chart

Date From To Miles O/C Receipt No. Amount ↓

Date	From	To	Miles	O/C	Receipt No.	Amount ↓

Road or Bridge Tolls:

6) PARKING (Receipts may be required per RPM.)

From To Location Amount

From	To	Location	Amount

7) REGISTRATION FEES

BANQUETS

MISCELLANEOUS (Identify)

8) DAILY EXPENSE/SUBSISTENCE ALLOWANCE

From To Days Rate Amount

From	To	Days	Rate	Amount

9) REFUND PENDING

SUBTOTAL:

Prepared by: _____

